



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# DRIVER EVALUATION REQUEST

DMV may only require re-evaluation when there is reason to believe that a driver may no longer be able to safely operate a motor vehicle. The individual may be required to take vision, knowledge or driving tests and/or obtain a medical clearance.

## INSTRUCTIONS:

**\*Physicians and Providers required to report "severe and uncontrollable" conditions or impairments:**

Use the Mandatory Impairment Referral Form [www.oregon.gov/odot/Forms/DMV/7230fill.pdf](http://www.oregon.gov/odot/Forms/DMV/7230fill.pdf).

1. Mark applicable **Driving Behavior** below (*required*).
2. **Provide specific related information**, in the text box or on an attachment (*required*).
3. **Sign this request** in the signature block provided (*Law Enforcement Officers can provide DPSST #; see next page for additional LE and Court information*). **By law, anonymous Requests cannot be accepted.**
4. **FAX / Mail** completed request to: (503) 945-5329 / DMV Driver Specialty Services, 1905 Lana Avenue NE, Salem Oregon 97314.

**Under Oregon law, a Request based on Age, Diagnosis, and/or General Health alone CANNOT be accepted.**

## DRIVER INFORMATION *sufficient for DMV to identify the driver (required):*

NAME OF PERSON TO BE EVALUATED (Last, First, Middle)	ODL / CUSTOMER NUMBER (if available)	DATE OF BIRTH (if available)	
STREET ADDRESS	CITY	STATE	ZIP CODE

## UNSAFE OR DANGEROUS DRIVING BEHAVIOR includes (OAR 735-076-0002(11)):

- |   |   |
|---|---|
| <input type="checkbox"/> Was prevented from causing a crash by evasive maneuver by another driver(s)      | <input type="checkbox"/> Drives the wrong way on a one-way street                           |
| <input type="checkbox"/> Drives too slowly  | <b>Other:</b>   |
| <input type="checkbox"/> Drives in more than one lane of traffic / Allows car to drift in and out of lane | <input type="checkbox"/> Turns in front of on-coming cars                                   |
| <input type="checkbox"/> Drives in the wrong lane or on wrong side of road                                | <input type="checkbox"/> Stops for no reason  |
| <input type="checkbox"/> Turns from the wrong lane or into the wrong lane                                 | <input type="checkbox"/> Backs up or changes lanes without looking back or checking mirrors |
| <input type="checkbox"/> Fails to stop at traffic light/stop sign   | <input type="checkbox"/> Has trouble steering, braking, or otherwise controlling car        |
| <input type="checkbox"/> Stops beyond designated stop line at traffic light/stop sign                     | <input type="checkbox"/> Is confused by traffic   |
| <input type="checkbox"/> Fails to stop for a pedestrian in marked crosswalk                               | <input type="checkbox"/> Gets lost or confused while driving near home                      |
|   | <input type="checkbox"/> Drives on sidewalk   |
|   | <input type="checkbox"/> Acts violently or aggressively when driving                        |

**Provide specific information** which causes you to question the individual's ability to drive safely; include events, dates and places.

**If you believe the person has a medical condition/impairment that impacts safe driving**, provide information about its impact on their ability to drive safely. Attach additional information or supporting documentation, if any.

**All reports are confidential** under Oregon law, unless submitted by Law Enforcement, ordered by a court, or as part of an Administrative Hearing which drivers have the right to request.

## YOUR RELATIONSHIP TO THE DRIVER:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Law Enforcement<br>(also next page) | <input type="checkbox"/> Physician*       | <input type="checkbox"/> Health Care Provider* (explain):<br>(definition on reverse/next page) |
| <input type="checkbox"/> Relative                            | <input type="checkbox"/> Friend           | <input type="checkbox"/> DMV Employee  |
| <input type="checkbox"/> Court                               | <input type="checkbox"/> Other (explain): |  |

## REPORTER INFORMATION *(required):*

YOUR NAME (Please Print)	DAYTIME TELEPHONE NUMBER
YOUR MAILING ADDRESS (City, State, Zip Code)	FAX
By signing this form, I certify that the information provided here, including any attachment(s), is true and accurate.	
SIGNATURE <i>(Required)</i> <b>X</b>	DATE

## LAW ENFORCEMENT AGENCY OR COURT **ONLY**

Request is a result of: ☐ Traffic Crash\*\* ☐ Traffic Stop\*\* Date of Incident: \_\_\_\_\_

Was the driver issued a warning or traffic citation? ☐ Yes ☐ No Warning/Citation for: \_\_\_\_\_

Officer's Title: \_\_\_\_\_ DPSST#: \_\_\_\_\_

Agency name: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

*\*\*Attach crash or incident report; can also be submitted following Request submission (see Instructions below).*

### LAW ENFORCEMENT INSTRUCTIONS

**For DMV to take action and be affirmed if/when there is a Hearing, the Request needs to include:**

- **Your specific observations;**
- **Why those observations make you think the driver may no longer be able to drive safely.** Describe any related EMS contact and/or specific, relevant remarks where present (*identify EMS staff by name when including them in your Request*); and
- **How those observations differ** from similar contacts with other drivers.
- **In plain language** for understanding by audiences who are not Law Enforcement professionals, including DMV staff and Administrative Law Judges (ALJs).
- **If submitting crash or incident report following submission of Request**, include report # on Request for later matching.

### Relevant statutes and rules -

#### Oregon Revised Statutes

##### **807.710(3): Reports of persons with cognitive or functional impairment; rules; forms.**

*Determinations regarding a person's ability to safely operate a motor vehicle **may not** be based **solely** on the diagnosis of a medical condition or cognitive or functional impairment, **but must be based on the actual effect of that condition or impairment** on the person's ability to safely operate a motor vehicle.*

##### **809.419(3)(a): Suspensions for physical or mental condition or impairment**

*The department may suspend the driving privileges of a person who is incompetent to drive a motor vehicle because of a mental or physical condition or impairment that affects the person's ability to safely operate a motor vehicle upon the highways.*

#### Oregon Annotated Rules

**\*735-076-0002(2): "Health care provider"** means a person licensed, certified or otherwise authorized or permitted by law to administer health care in the State of Oregon. For purposes of these rules, the term health care provider **is limited to: a chiropractic physician, nurse practitioner, occupational therapist, physical therapist, optometrist, physician associate and podiatric physician or surgeon.**

##### **735-076-0005(1)(d): "... sufficient information includes..."**

- (B) A report of a physical or mental condition or impairment, and a description of how the person's ability to safely operate a motor vehicle is affected; or a description of unsafe or dangerous driving behavior;
- (C) A report by a police officer, physician or health care provider where a physical or mental condition or impairment is stated as a cause or possible cause of a crash or unsafe or dangerous driving behavior;..."

##### **735-076-0020(1): Suspension or Cancellation of Driving Privileges**

*"DMV may issue an immediate suspension of driving privileges in the following situations:*

- (a) *If DMV determines from a non-mandatory report [Driver Evaluation Request] that the person has a mental or physical condition that makes it unsafe for the person to operate a motor vehicle upon the highways and DMV has reason to believe the person may endanger people or property if not immediately suspended;*
- (b) *If based upon information included in a police crash report or other law enforcement report, DMV has reason to believe that a person may endanger people or property if not immediately suspended due to a mental or physical condition that makes it unsafe for the person to operate a motor vehicle upon the highways;"*